



State of California—Health and Human Services Agency  
Department of Health Care Services



ARNOLD SCHWARZENEGGER  
*Governor*

March 21, 2008

CHDP Provider Information Notice No.: 08-07

TO: Child Health and Disability Prevention (CHDP) Program Providers

SUBJECT: REVISED CHDP ELIGIBILITY DETERMINATION TABLE EFFECTIVE  
APRIL 1, 2008

The enclosed CHDP Eligibility Determination Table revision is effective April 1, 2008. This table is only to be used by providers when determining whether the income and status given by the parent/guardian on the CHDP Eligibility form (DHCS 4073) qualifies the patient for CHDP-reimbursed health assessments. The Eligibility Determination Table is to be used by your office staff to determine if the patient is eligible for a state-reimbursed health assessment examination. Please do not give the Eligibility Determination Table to the parent, guardian or patient when completing the CHDP eligibility form.

If you have any questions, please contact your local CHDP Program.

**Original Signed by Marian Dalsey, M.D., M.P.H.**

Marian Dalsey, M.D., M.P.H., Chief  
Children's Medical Services Branch

Enclosures

**CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM  
ELIGIBILITY DETERMINATION TABLE**

EFFECTIVE APRIL 1, 2008

Providers are required to ensure that the parent/guardian understands the questions on the CHDP Eligibility Information Form (DHS 4073) that relate to eligibility for a CHDP-reimbursed health assessment. Services provided to persons enrolled in a prepaid health plan where preventive health services are a covered benefit **MUST NOT BE BILLED TO CHDP**.

**Note:** Most infants under 13 months of age are eligible for full scope Medi-Cal benefits. If the family is enrolling the infant into temporary Medi-Cal using the CHDP Gateway, please ensure the family completes the "For Patients Under One Year of Age" section of the DHS 4073 if the mother had Medi-Cal coverage at the time of delivery. Completing this section may automatically link the infant to the mother's case and establish Medi-Cal eligibility without the family having to complete the joint Medi-Cal/Healthy Families Application. If the mother did not have Medi-Cal at the time of delivery, the family should contact the local Department of Social Services to apply for Medi-Cal.

**Eligibility Criteria:**

1. Full Scope Medi-Cal

Medi-Cal recipients younger than 21 years of age are eligible to receive CHDP health assessments if they are eligible for full-scope Medi-Cal during the month in which services are rendered.

2. No Full-Scope Medi-Cal

Children or youth younger than 19 years of age whose family income is at or below 200 percent of the Federal Poverty Level and who have no health insurance coverage for well-child care are eligible to receive no-cost CHDP health assessments. CHDP services also may be rendered to Medi-Cal recipients younger than 19 years of age who have no coverage through Medi-Cal for CHDP health assessments on the date of service. This includes those who have Limited Scope Medi-Cal or a Share of Cost that has not been met for the month of service.

**Income Eligibility Determination Table, Effective April 1, 2008\***

| Number of Persons<br>In Family Unit | Annual                               | Monthly                            |
|-------------------------------------|--------------------------------------|------------------------------------|
| 1                                   | \$20,800                             | \$1,734                            |
| 2                                   | 28,000                               | 2,334                              |
| 3                                   | 35,200                               | 2,934                              |
| 4                                   | 42,400                               | 3,534                              |
| 5                                   | 49,600                               | 4,134                              |
| 6                                   | 56,800                               | 4,734                              |
| 7                                   | 64,000                               | 5,334                              |
| 8                                   | 71,200                               | 5,934                              |
| 9                                   | 78,400                               | 6,534                              |
| 10                                  | 85,600                               | 7,134                              |
| More than 10                        | \$7,200 per additional family member | \$600 per additional family member |

\*Figures are 200% of the Federal Income Guidelines